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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/619,820
Filing Date	July 14, 2003
First Named Inventor	Liu et al.
Art Unit	1651
Examiner Name	Bradrick, Thomas
Attorney Docket Number	40US

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☒ Amendment/Reply
 - ☐ After Final
 - ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/Incomplete Application
 - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☒ Petition
 - ☐ Petition to Convert to a Provisional Application
 - ☐ Power of Attorney, Revocation
 - ☐ Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
- ☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MDS Sciex
Signature	
Printed name	Kelvan Howard
Date	01/23/06

Reg. No.	48,999
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CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Kelvan Howard

Date	01/23/06
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MDS Sciex, Inc.
1170 Veteran's Way
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Amendment Transmittal

Docket No. 28US

1PW

In re application of: Liu et al.,

Application No.: 10/619,820

Filed: July 14, 2003

Group Art Unit: 1651

For: LABEL-FREE METHOD FOR CLASSIFICATION AND
CHARACTERIZATION OF CELLULAR EVENTS

THE COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being
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By [Signature]
Kelvan Patrick Howard, 48,999

Sir:

Transmitted herewith are the following documents in the above-identified application.

- ☒ Transmittal Form
- ☒ Petition for Extension of Time under 37 CFR 1.136(a);
- ☒ Reply/Amendment;
- ☒ Change of Correspondence Address;
- ☒ Return Postcard.

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 25	MINUS	** 35	= 0
INDEP.	* 2	MINUS	*** 3	= 0
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
x \$9.00 =	\$0.00		x \$18.00 =	0
x \$42.00 =	\$0.00		x \$84.00 =	0
+ \$140.00 =	\$0.00		+ \$280.00 =	
TOTAL ADDIT. FEE	\$0.00	OR	TOTAL	0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge Deposit Account No. 502822 as follows:

☐ Claims fee \$ _____
☒ Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

MDS SCIEX, INC.

[Signature]
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